PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPOND | ENCE ADDRESS (Note: Use B | Not Fee pap | e: A certificate of r (s) Transmittal. This ers. Each additional | nailing s certific paper, | can only be used for cate cannot be used for such as an assignmen | domestic mailings of the r any other accompanying t or formal drawing, must | |
|---|--|--|---|---|---|---|--|
| 26291 | 7590 09/20 | /2007 | шач | | | | |
| PATTERSON | & SHERIDAN L | I. P | I he | Cert | ificate (| of Mailing or Transm | ilssion denosited with the United |
| | URY AVE, STE 10 | | Stat | es Postal Service w | ith suffi | cient postage for first | deposited with the United class mail in an envelope bove, or being facsimile |
| FIRST FLOOR | 0111 11 12, 012 10 | | add tran | ressed to the Mail smitted to the USPT | Stop 18 O (571) | SSUE FEE address a 273-2885, on the da | bove, or being facsimile |
| SHREWSBURY | 7, NJ 07702 | | | | | | (Depositor's name) |
| | | | | | | | (Signature) |
| | | | | | | | (Date) |
| APPLICATION NO. | ATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 10/811,641 03/29/2004 | | | Walter E. Donovan | | NVDA P001152 | | 2379 |
| TITLE OF INVENTION: METHOD AND APPARATUS FOR USING NON-POWER OF TWO DIMENSION TEXTURE MAPS | | | | | | | |
| | | | | | | - | |
| | | | | | | | • |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | МО | \$1400 | \$0 | \$0 | | \$1400 | 12/20/2007 |
| EXAM | EXAMINER | | CLASS-SUBCLASS | 1 | | | |
| NGUYEN | I. HAU H | ART UNIT | 345-582000 | J | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list | | | | | | | |
| CFR 1.363). | | (1) the names of up to | 3 registered patent | | ys 1 Patterson | & Sheridan, LLP | |
| Address form PTO/SI | ondence address (or Cha 3/122) attached, | or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 | | | | | |
| "Fee Address" ind | ication (or "Fee Address 2 or more recent) attacl | " Indication form | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 | | | | |
| PTO/SB/47; Rev 03-0 Number is required. | 2 or more recent) attacl | listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON T | THE PATENT (print or ty | pe) | | | |
| PLEASE NOTE: Unl | less an assignee is ident h in 37 CFR 3.11. Com | ified below, no assignee pletion of this form is NO | data will appear on the p | atent. If an assigne assignment. | ee is ide | ntified below, the do | cument has been filed for |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| NVIDIA Corp | oration | Santa Clara, CA | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 4a. The following fee(s): X Issue Fee | are submitted: | o. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | |
| | lo small entity discount | ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - | # of Copies | If the Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-0782/JCC (enclose an extra copy of this form). | | | | | |
| | | | overpayment, to Depo | sit Account Numbe | r <u>20-07</u> | 82/JCC (enclose an | extra copy of this form). |
| 5. Change in Entity Sta | tus (from status indicate s SMALL ENTITY stat | | ☐ b. Applicant is no lon | and alaiming CNAAT | I DAIT | ITV status Can 27 CE | D 1 27/-1/2) |
| | | | d from spyone other than | the applicant: a socie | at ENT | torney or egents or the | K 1.27(g)(z). |
| interest as shown by the | records of the United Sta | ites Patent and Trademark | Office. | applicant, a regis | sicieu ai | torney or agent, or the | e assignee or other party in |
| Authorized Signature | | . ——— | | Date <u>Decen</u> | nber 5. | 2006 | |
| Typed or printed nam | e John C. Carey | Registration No | | | | | |
| | | | on is required to obtain or 1.14. This collection is es depending upon the indice the Chief Information Offic COMPLETED FORMS Tespond to a collection of in | | | | by the USPTO to process) g gathering, preparing, and the you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450, number. |
| | | | | | | | _ |